

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

CERTIFICATE OF DEATH 0 4 0 0 7 9 2 4
 FLORIDA

LOCAL FILE NO. 000252

1. DECEDENT'S NAME FIRST: Hortensia MIDDLE: LAST: Gomez			2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) January 9, 2004		4. SOCIAL SECURITY NUMBER 261-38-7441		5a. AGE-Last Birthday (years) 81
6. DATE OF BIRTH (Month, Day, Year) July 14, 1922		7. BIRTHPLACE (City and State or Foreign Country) Cuba		5b. UNDER 1 YEAR Months: Days: 5c. UNDER 1 Day Hours: Minutes:
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)			9b. INSIDE CITY LIMITS? (Yes or No) Yes	
9c. FACILITY NAME (If not institution, give street and number) Coral Gables Hospital		9d. CITY, TOWN, OR LOCATION OF DEATH Coral Gables		9e. COUNTY OF DEATH Miami, Dade
10a. DECEDENT'S USUAL OCCUPATION Secretary	10b. KIND OF BUSINESS/INDUSTRY Hospital	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Julio Gomez	
13a. RESIDENCE - STATE Florida	13b. COUNTY Miami-Dade	13c. CITY, TOWN, OR LOCATION Miami	13d. STREET AND NUMBER 1301 S.W. 22nd Avenue	
13e. INSIDE CITY LIMITS?(Yes or No) Yes	13f. ZIP CODE 33145	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes Specify: Cuban	15. RACE - American Indian, Black, White, etc. Specify: White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4
17. FATHER'S NAME (First, Middle, Last) Carlos Machado		18. MOTHER'S NAME (First, Middle, Maiden Surname) Hortensia Lisazo		
19a. INFORMANT'S NAME (Type/Print) Julio Gomez		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1301 S.W. 22nd Avenue, Miami, Florida 33145		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ferdinand Crematory	20c. LOCATION - City or Town, State Miami, Florida	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Julio Haballer</i>		21b. LICENSE NUMBER (of Licensee) 3628	21c. NAME AND ADDRESS OF FACILITY Ferdinand Funeral Homes & Crematory 2546 S.W. 8th St. Miami, Florida 33135	
22a. To me best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Romeo Rojas</i>		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)		
22b. DATE SIGNED (Mo., Day, Yr) 1-13-04	22c. HOUR OF DEATH 11:32 P.M.	23b. DATE SIGNED (Mo., Day, Yr)	23c. HOUR OF DEATH M	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Romeo Rojas M.D. 3100 Douglas Road, Coral Gables Florida 33145				
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>RM</i> 1-14-04		25b. LOCAL REGISTRAR - SIGNATURE <i>Thomas Deane</i>		25c. DATE REGISTERED JAN 16 2004

VOID IF ALTERED OR ERASED

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R. Mach G. J., State Registrar

Date Issued: APR 15 2013

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH